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# STUDENT

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Intercollegiate School of Alcohol Studies, Cornell College

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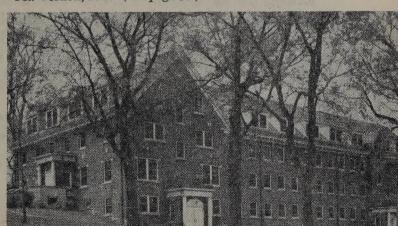
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"Demecracy
is something
deeper than
Liberty; it is
Responsibility"



## THE INTERNATIONAL STUDENT

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HARRY S. WARNER, Editor

## Program of The Intercollegiate Association

Promote study and discussion of the Alcohol Problem by college students, instructors and alumni in an objective search for truth.

Conduct annual Editorial Contests to encourage study, effective writing, and service by students.

Arrange for qualified students to work with student

groups and non-college young people.

Conduct an annual Intercollegiate School of Alcohol Studies for students and their college and intercollegiate leaders.

Make available basic scientific publications of college level for reading and study. Edit and publish specialized monographs.

Provide high grade speakers for colleges.

Extend the circulation of The International Student in college communities and among high school teachers.

Cooperate with student leaders and faculty members in an enlarged modern movement toward solution.

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## Intercollegiate School At Cornell

### MOVED FORWARD IN UNDERSTANDING

THE NEW SUMMER adventure for college students, the Intercollegiate School of Alcohol Studies, held its second annual session June 17-22, 1951, at Cornell College, Mt. Vernon, Iowa. Organized by The Intercollegiate Association with the first session at Otterbein College, Westerville, Ohio, in August, 1950, this short summer school has become a new and vitally creative way of thinking and education for leadership in relation to the cult of alcoholic beverage, especially as the problem confronts young adults—in college and out—these days.

Coming from colleges widely representative of the country, the students who attended represented a crosssection of student leadership in colleges of the southeast, south, north and midwestern states. On the well-shaded hillside campus of Cornell, they gave this mid-June week to a search for understanding of the basic meaning-the facts and consequences, as well-of the drug alcohol in human living, with particular reference to present trends of drinking in colleges and the cultural life of the community; to the influences that make this controverted problem what it is, and to the study and discussion of constructive attitudes and activities. And this was done in cooperation with the resources and experience of scientific and educational specialists especially qualified with knowledge of this field, followed by daily seminar discussion in groups and particular student participation.

The lectures, each accompanied by much questioning and discussion, were related mostly to problems and situations of immediate concern to college students. Among them:

The daily lectures by Dr. Albion Roy King, of Cornell College, on "Basic Information: The Psychology of

Drunkenness" and "Why Men Drink," "Abstinence and Moderation," and "College Drinking and Disciplinary Problems"; the Modern Educational Approach and Program, in higher education and the community, by Miss Vashti Ishee, of the State Department of Education, Mississippi; the first-night orienting lecture, "The Over-all Human Problem of Alcohol," by Harry S. Warner, General Secretary of the Association; three lectures on "The Sociological Aspects" of the problem by Prof. Howard G. McCalin of Furman University and the Christian Action Council of South Carolina; the lecture by Rev. John Linton, Toronto, Canada, on "Orienting the Approach in College and University Situations," and the summarizing address, "The Diatectic of Drink," by Dr. George A. Little, Editor, the United Church of Canada, Toronto.

Continuously and most absorbing were the seminars each afternoon—the small groups of students and one instructor, who analyzed, studied, criticized and worked out concrete aspects, seeking better understanding and application to specific needs. These, each, gave attention to a summary that was presented to the School at the final session. A night session, by the students, on "The Need for Campus Action," their constant participation in discussion and planning, the chairmanship of Stanley F. Knock, Jr., of Yale, and the secretarial activity of L. T. Hathaway, Jr., of Randolph Macon, Ashland, Va., and the recreation periods gave full expression to the student leadership policy of the school. A certificate was awarded each member of the School at the closing session.

It was the opinion of all attending that another School should be held in 1952. At a business meeting of The Intercollegiate Association following, five students, nominated by the School, were elected to the National Council—Miss Esther Armstrong, Cornell College, Iowa; Ralph Fleming, Jr., Duke University, N. C.; K. E. Graham, Millsaps College, Miss.; Donald A. Groszgreutz, Wartburg College, Iowa; and Wayne A. Meeks, University of Alabama; also, Dave Alkire, Ohio State University, on nomination by the Council.

# Findings Of The Intercollegiate School

ASK MORE EDUCATION

Cohol as they press on college life today, rather than the larger question of Alcohol in the life of the nation, and on what can be done in the college situation of today, the Findings of the Cornell Intercollegiate School were summarized, at the close of the session, as follows:

#### I. The Need

There is a real need and occasion for a serious attempt to understand and seek to solve campus alcohol problems. As evidence of this need of a program of study and action, the committee of the school, listed the following: An increasing amount of social disturbance and vandalism on college campuses; increasing dependence upon alcohol among students, both personal and in social groups; a lowering of moral standards; problems of campus discipline; an increasing demand for personal counselling; and community pressure on college administrators to correct behavior disturbances.

What can be done to fulfill this need? Two main approaches are here outlined; the two are not to be taken separately but together as two aspects of a solution of the alcohol problem on college campuses. They are: The

curricular and the non-curricular.

II. The Curricular Approach

While this approach should have faculty initiation it should and must have definite student support. Its purpose should be to meet the need of the students for objective scientific data on alcohol and alcoholism.

A. What the faculty could do.

1. Observe what the student need is.

2. Decide how best it can be met for each institution.

3. Provide one over-all course in a given department—religion, psychology, sociology—with personnel from other departments supporting and participating.

4. See that relevant data on alcohol is included in courses in many departments.

5. Combine 3 and 4.

B. What the students could do.

1. Observe what the need is and where.

Sell the faculty on the idea that there is a need.
 Work with the faculty on a survey.

4. Interview faculty members and find out what information in this field already is in the various courses.

5. Tabulate the results and talk with the faculty committee on curriculum about what should be done.

C. If there is a specific course in the field.

1. Standards and qualifications.

a. For teachers

(1). Adequate training

(2). Variety of personalities. (Rapport between students and faculty is especially necessary in this field.)

b. For the course

(1). Good books: the most recent and worth while

(2). Movies (3). Film strips

2. Students should elect the course or

3. It might be a required course.

4. Credit should be given only on completion

#### III. Non-Curricular Activities

Its purpose should be to seek related social actions and outcomes. It should aim to replace present manifestations of dependence upon alcohol by more wholesome programs.

A. The approach—should be to gain student recognition of the problem.

B. The development

1. Observation

2. Study

3. Expanded activity through existing organizations

C. Methods of expansion

1. Group study—supplemented by student opinion polls upon prepared lists of objective questions

2. Speakers—from AA, college and university staffs et. al.

3. Chapel programs

4. Through Pan-Hellenic councils D. Coordinating agencies for this effort
1. Campus Christian associations

2. Student councils

The curricular approach should point to main objectives. It should supply scientific data which are the background and which suggest and lead on to social action. The non-curricular approach is a strategy seeking change within the individual and within his social milieu. It proceeds from the scientific data available and to be studied.

## The Problem In The Colleges

By Albion Roy King

THERE ARE two factors in the problems of college drinking that have particular meaning to the situation of today. These factors give us more concern than do the statistics of drinking. They are, (1) the pride with which drinkers commonly consider their habit; (2) their emotional resistance to serious study of the alcohol problem.

Moderation propaganda seems to have taken the colleges, for the time being, at least. The "Man of Distinction" preachment cultivates a dangerous form of pride. It represents a kind of virtue in it. It greatly exaggerates the virtues of a drink or two. This pride afflicts, at its worst, those who have taken up drinking out of their previously 'dry' tradition. It is largely a surface pride, however, a matter of creed rather than practice. The greater part of college drinking is moderate drinking, but there is also far too much heavy drinking.

Does a Philosophy of Moderation actually rule the campus? If so, there must be, also, (1) a well grounded philosophy of life, and (2) a set of social sanctions against excess. But examine the situation as it is. Actually, in many places, a premium is being put on excess. For there are students everywhere who find difficulty in their effort to achieve recognition in the normal patterns of competition. From these come the "problem" people who seek to achieve the results they want by their excesses in

drinking.

The pride with which drinkers frequently consider their habit cultivates prejudice and renders a person unteachable. This attitude accounts for much of the cynical resistance that prevails toward all efforts of education on

this problem.

A condensation from his lecture on "College Drinking and Disciplinary Problems" at the Intercollegiate School of Alcohol Studies, June 21, 1951.

An enlarged discussion by Dr. Albion R. King, appears in *The Christian Century*, Chicago, in two articles: "Alcohol in the Colleges," July 18, 1951, and "College Discipline and the Drink Problem," July 25, 1951.

In the college situation there are historical changes that must be noted. There was a time, within my own memory, when going to college was a privilege chosen by those who wanted to improve themselves and their status in life. Now a college education is regarded as a right and is demanded by all. There is a resistance to all admission standards except that of scholarship, and this is accepted largely because it enhances the ego of those admitted.

Parallel with this there has been a shift in the dominating culture from rural mores to those of the city. Can the non-drinking tradition of the colleges of the past be preserved while passing through this change? Yet, it should not be overlooked that about half of the population do not drink; and they refrain on principle. They have a natural right to seek patterns of education that are free from the dominance of alcohol and alcoholic culture.

Here a distinction must be made in types of schools, especially between those that have public support and the private institutions; size, also, makes a difference. If alcohol is to be restricted or abolished, there are certain

procedures that should be followed:

First, this attitude of the college must be clearly stated in its recruiting literature. This requirement should appear in application forms. No college with restrictions regarding 'drink' need fear losing its public. And not all students that come out of drinking traditions are a poor risk.

Second, the rules must be administered adequately and impartially.

There are also related problems to be taken into account. Among them:

- (1) The creating of a set of standards or sanctions within the campus community itself. Disciplinary threats are not enough; they complicate the problem. Student participation in the government of the campus will help. Faculty attitudes are decisive and the faculty, even more than the student body, should be recruited with these standards in mind.
- (2) The educational approach of the college to the problem: Disciplinary measures taken by themselves may

contribute to the cynicism of the students. That makes any education difficult. The first responsibility of the administration and of the faculty is not discipline—but to find ways, through the curriculum, to create an understanding of this problem. The development of better and more objective methods in the educational approach will

(3) The counselling service of the college: The question comes, can counselling be so effective as to render discipline obsolete? Certainly, a good counselling program will channel the problem student into that service well in advance of any break that calls for discipline. Much improvement may be made at this point—and apparently is needed. For many of the students attending this conference seem to be very critical of the counselling service now being given at their colleges, and especially about the way it functions in regard to alcoholic drink.

## Seminar On Campus Problems

THE INITIAL discussion by members of the Seminar brought reports of situations and regulations at Ohio State University, State University of Iowa, James Millikan, Macalester, Cornell, Goshen, Nebraska Wesleyan, Duke University, Wartburg College, and the Canadian colleges and universities visited by Dr. Linton. The following questions emerged for the discussion:

1. Should rules about drinking be changed to meet

changing folkways?

2. Is a rule against drinking to be understood as the statement of an ideal which the college community hopes to achieve, or is it a minimum requirement for residence in the community? Much confusion appears from this ambiguity. The question rejects the basic difference between the "moral law" and the legislation of governments.

3. Should enforcement of campus rules be strict, even to

the point of a police system?

4. It was generally recognized that lack of information on the part of students, both about the rules and about

the problem of alcoholism in general, is basic to the problem. How is this information to be achieved in the community?

The discussion brought the following agreements and

conclusions:

1. Most of the students agreed that rules should be taken as minimum requirements for residence. All agreed. however, that expulsion is too drastic for first or second offenses.

2. All agreed that problem students should be treated as individuals and that counselling is needed in most cases. Criticism of the counselling services available at the colleges was general. Much improvement is needed in this area.

3. The majority seem to hold that rules should be

strictly enforced.

4. All agreed that the college should resist the tendency to succumb to changing folkways. As one student put the matter, "The university stands in the Christian tradition and we have a higher duty than to follow the folkways."

The discussion of the problem of getting information and understanding of the problem brought out the fol-

lowing points:

1. Student advisers of freshmen are valuable.

2. Orientation lectures by faculty and officials are im-

portant but not adequate by themselves.

3. The Goshen College "Week of Emphasis on Alcohol Education" was reviewed as a sample of such programs. It began with a talk by an AA and ended with a day of lectures and informal talks with a visiting professor.

IT HAS been estimated that at least 50,000,000 Americans are social drinkers.

But that still leaves 100,000,000 who are not. And among the drinkers, most of them are simply stampeded, like sheep, by modern customs. People who quickly use liquor or cigarets are afraid of group ostracism.

They are desirous of social approval. . . .

The tragedy in America is that college students, who should be setting a

pace for the rank and file, are so easily stampeded.

On the campus, surrounded by their own age group, and without the practical gumption of the home folks, the youth stampede like a flock of sheep.—George W. Crane, "The Worry Clinic."

## The All-Over Human Problem

IN THE CULT OF ALCOHOL
By Harry S. Warner

THE VAST SIZE and meaning of the movements of our day continually challenge us. They are so near to us, yet hard to understand however serious in reality. We speculate and question, but really know them only as they come to us in particulars; the conflict in Korea, the communist agents at home, the profiteering hangers-

on of public leaders.

Thus, to many of us who care, stands the question of alcoholic drink today. Years ago, with the dawning of our earlier desires "to do something," we experimented in realistic, rugged ways, with many of the practical, near-at-hand problems and consequences of the basic fact of "Liquor" in Human Living. As a result of limited but direct observation we naturally seized upon certain aspects as the whole problem—even we of the American college community. For, as always—

"There were six men of Industan, To learning much inclined; Who went to see the elephant—

The first, "to satisfy his mind," contacting his side, discovered a wall; the second, seizing his trunk, identified it as a spear; the third, his leg as a tree; the fourth, his tail, as a rope. Each to a minor degree followed a scientific method, observed, specialized, yet—failing to see the elephant.

"Continued stiff and strong,
Each in his own opinion still;
Though each was partly in the right,
And all '— to a degree—' in the wrong."

High specialists in research have been giving us from university resources, in recent years, a wealth of vital knowledge regarding many of the aspects of beverage alcohol; much of it is being brought out by our own

Written and condensed from a lecture at the *Intercollegiate School* of Alcohol Studies, Cornell College, Mt. Vernon, Ia., June 18, 1951. Dr. Warner is Editor of The International Student and General Secretary of the Association.

highly qualified experts in our Intercollegiate School this week. There is a mass of information now available that has been accumulating through the years, much of it highly specialized, none of it wholly "in the wrong"—just

partly "in the right."

That situation prevails to a far greater degree, outside the college, throughout the nation. For the many efforts to understand and solve "the problem of drink" in the 150 years of particular awareness to it in Europe and America have come naturally out of rough experience in trying to reduce individual drunkenness and its family and social consequences. The conception of what the problem is, the many divergent, sometimes conflicting efforts that have been made—or are being advocated today—were fostered in the first place by an earnest desire "to do something," to help remove an overwhelming burden of drunkenness and degradation of human decency.

Opposite Historic Trends

For centuries preceding this 150 years of definite effort to reduce intoxication and its consequences, and especially during this period, there has grown up in the culture of Northwestern Europe and North America TWO BASIC TRENDS that are strongly divergent: The one seeks to restrict and reduce, the other to enlarge and retain the historic place that the drug alcohol has occupied since the savage days of the human race. At present, in the United States and Canada, these trends are about evenly divided in population support. With fundamental differences in motivation and direction, they have acquired background philosophies and much strong reasoning, each of its own, during the centuries.

But between these two, there are always many people who do not accept either attitude. They are unaware of the problem, or do not regard it as important; they just take things as they are. Some of them face the drunkenness that confronts them; some, its social burdens and danger; its economic cost, its political complications, its moral implications. But generally in very recent years the attitude of this group is one of cynical indifference—"let the 'wets' and 'drys' fight it out." They are ignorant

of the growth of knowledge in this field; they do not see the basic human reality of this problem in modern society. It is to this section of our citizenship that the appeal to study, to understand, to re-orient their thinking and utilize the vast amount of new and tested knowledge now available, should now be made. For progress toward solution, no less than responsibility for civic and moral action, is largely in their hands.

But in this decision-making group there are many definite points already known at which alcohol affects their lives. These aspects, to them, are the problem—but

are they?

#### What IS The Alcohol Problem?

Among the recognized but partial aspects of the popular use of the drug alcohol, there are some that stand out today, each as a great problem in itself. Each is real to some substantial part of our public, and is regarded by

them as basic. For study, note the following:

1. The Drinking Driver—and pedestrian. In this age of the automobile and speedy travel, the danger brought by liquor into traffic, is obvious. The National Safety Council reports that there are 55 accidents for drivers under the influence of alcohol to one for non-drinking drivers. The danger is greatest among the drivers and pedestrians who have had "only a few drinks"; the heavy drinker sometimes is aware of his incompetence, sometimes restrained by his fellows from driving or jay walking. The hard reality of public and personal danger thus brought into popular travel, can be overlooked by no one. It results in an annual casualty list that can be compared only with war; double holiday week-ends, with a great battle. This slaughter is created danger, created and voluntarily accepted by those who drink when driving.

Thus "the drinking driver" has become a symbol of the total inefficiency and danger to life, limb, health and job, that the anesthesia of alcoholic drink brings into modern transportation, industry and the daily living of

the millions.

2. The Street Drunk. It is a very human fact that thousands of men and women, some of them quite young,

are arrested daily and taken to jail or steered to their homes, by the police, to "get them off the streets," to remove them from the public view—and the sight of other drinkers; to save them from themselves, from pickpockets, from accidents; to remove the public evidence of their addiction—and that of just ordinary drinking parties and celebrations. What to do with them? That is a problem of the police, the judge. At first, and repeatedly, a fine, a few days in jail; later, a long series of arrests and re-arrests, a hospital, a drunk farm, a welfare agent, the Salvation Army-or, for the wealthy, a sanitarium. And he—or she—may be a "repeater," for many are alcoholic-sick, either originally neurotic or having become so through their years of drinking. They need a friend, instead of a jail, discharge and re-appearance before a judge the next day, even unto fifty times. In loss of self-respect, neglect of home life, in minor and serious disorders, and in industry these heavy drinkers confront the responsible citizen with a gigantic appeal—as they do the judge and the welfare workers.

3. The Alcoholic. Recent scientific analysis has brought to the front a new, or renewed, appreciation of the "human factor" in the social problem of alcoholic drink. It has re-discovered the Alcoholic. It is now seeking to make clear what leads to his being what he is—and why his family, his neighborhood, and the contributing pressures about him continue to open the way to his alcoholism. He, and his inner conflicts, have emerged as products of the complicated and multiple ramifications of the cult of alcohol in human living. That is a constructive development. For the popular use of this drug to ease inner tensions and outer frustrations is comparable only with war in its appeal, its inability to solve problems, its destructive force and in the burden of debt in depleted lives it leaves for future generations to pay.

For the number of alcoholics is greater than the number of cancer or tuberculosis patients; it has been increasing in recent years. There are now over 900,000 confirmed alcoholics, seriously ill, unable without aid to quit their excesses; their lives are disorganized, they are a burden

to their families and a greater burden to themselves. They need friends—yet, their drinking society seeks to evade them, leave them to the police, the welfare agencies and the Good Samaritans among the non-drinking and religious groups. These alcoholics come from all the walks of life, high and low, educated and without that privilege. The United States has now 3,952 per hundred thousand of the population—a higher percentage than has France, Sweden, Switzerland or Denmark. (See page 57.)

The A.A.'s, the Salvation Army, the Yale clinics, the psychiatrists and counselling pastors are already doing a fine job in helping to re-habilitate those alcoholics who are ready to cooperate—to quit drinking, acknowledge that they are unable to manage their lives, and to accept the help of a divine power—one "higher than themselves." But the great majority of these alcoholics, and many, many of the 3,000,000 heavy drinkers not so classified, never do and never will be returned to normal living; they will die inebriates. And the number of them is increasing, in spite of jails, clinics, hospitals, religious conversion and the friends who want to help them.

4. This "Sick Man" and the Public. The recent designation by high medical and health experts of the alcoholic as "a sick man" has caught attention in the little-interested public. When confronted with alcoholism as an illness, and its victim as "sick", the realities "come home" to some who hitherto have been indifferent. This conception brings a meaning that is more acute to the average public than the one that is conveyed by the words "temperance" and "intemperance." For these reasons: (1) It gives the average citizen a vastly more serious appreciation of drunkenness than he has had; (2) it brings to him new hope, based on a parallel as to what he knows and hears frequently of the great advances being made in matters of public health.

And it brings to the public an additional requirement to study more carefully into the personal and cultured conditions and pressures, into the various and complicated sources, that have created the total problem of alcohol. For scientific information recently has made it clear that some of the men and women who have reached the stage of addiction, or are on the way to it through "excessive drinking," about one half, have emotional instabilities, feelings of failure, frustrations, fears, that have made them from their first drink more quickly susceptible than others to alcohol. But it has brought out, also, that the other half or more have come to that stage through years of heavy drinking, through drinking voluntarily acquired at first and so continued—through social drinking. But the new fact of "human appeal"—and humane—is that, whether "sick" when they began, or whether on account of the way of life they have chosen, they are seriously ill when the stage of compulsive drinking has been reached.

To place the 900,000 alcoholics who are now in that situation, side by side with the 700,000 tuberculous patients and the 600,000 known victims of cancer, even with other factors that need to be taken into account, is to give to alcoholic sickness a reality of deadly significance.

And most vital, in thinking of alcohol as a disease, instead of mainly a dereliction, as was done to a large degree in the past, is to recognize its depressing effects on the functioning of the brain and central nervous system. The brain is the seat of all that is highest in man, in the growth of the human over the animal; of intellect over body; of spirit, and the capacity to be spiritual, over the material. That has basic meaning to all men.

Yet even before such indulgence as is properly called excessive has been reached, mental activities are depressed, anesthetized, to a degree that can not be regarded as healthful. And largely because the feelings it yields, the euphoria, the sense of release and personal freedom, are so desired that more is wanted—a habit acquired, a tendency to increase—until the danger line, always unknown without experience, has been crossed. After that the desire to cross again may itself become habitual.

Recognizing alcoholism as a matter of public health, gives to the total problem of alcohol in human society a new and decisive place. With tuberculosis, cancer, syphilis, mental disease and infantile paralysis receiving

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## Sociological Approach To Alcohol Problems

By Howard G. McClain

THE DRINKING of alcoholic beverages is one of the folkways of contemporary American society. We cannot understand such a widespread pattern of social behavior, however, without recognizing its relationship to the whole of our society.

Social and Cultural Roots

There are many social and cultural sources for the folkway of drinking in our society. Historically considered, we find that it was brought to our country as a definite part of the culture of the early settlers. This is illustrated by the fact that as late as the early years of the Nineteenth Century Lyman Beecher found that most of the ministers assisting in his ordination to the Christian ministry were disgustingly inebriated. A recent report from New England also indicates that some Italian families still make their own wines, so thoroughly is the family pattern related to the use of alcoholic beverages.

There are many mental traits in our culture which condition and reinforce the drinking folkway today. Certain general traits, like individualism, lead many people to feel that they can do whatever they want regardless of the consequences to themselves or others. This is frequently the rationalization given for drinking. There are certain special traits related to drinking itself. We find quite widespread the cliché that a person ought to be able to "drink like a gentleman." And sometimes one hears the statement that "anyone's crazy who drinks before 40 and a fool who doesn't drink after he's 40."

Certain material elements in our culture tend to strengthen and reinforce this folkway. This is certainly true of advertising, with its exhortations that "beer belongs." The remarkable development in techniques of

Condensed from series of three lectures by Howard G. McClain, recent Professor of Sociology at Mercer University, Macon, Ga., now director of the Christian Social Action Council of South Carolina, Columbia.

merchandising have resulted in the fact that over 50% of the beer in our country is sold through grocery outlets.

Certain aspects of contemporary society also seem to be especially conducive to encouraging the use of alcoholic beverages. The fact of urbanization—that increasingly people are living in or near great cities—is one such characteristic of our society. This means that so many people have such superficial contacts with so many other people and that helps to create an "emptiness" in human relations that is often supplied by drinking. Such contacts provide more opportunity for more people to learn the way of life of which drinking is so integral a part. Thus we see that the use of alcoholic beverages is a long established and traditional part of our culture and the "satisfactions" which come from the use of such beverages are reinforced and strengthened by certain mental and material aspects of our society and culture.

#### Social Problems

It is frequently suggested that it is a miracle that no larger a percentage of our population uses alcoholic beverages since there are so many historical and contemporary "pushes" for doing so. Nevertheless, the present extent of drinking has created many social problems—problems not only for those who are personally involved in addicted drinking, but also the whole community and nation.

Alcoholism, or the excessive use of alcohol through compulsive drinking, is a major health problem today. Alcoholics and those who sometimes drink excessively are responsible for a decrease in industrial efficiency. It is being estimated that alcoholism alone is costing industry

a billion dollars a year.

Family problems are frequently related to the use of alcoholic beverages. Because of the intimacy of family life it might be expected that the members of the family would be the first to be affected by regular and excessive drinking. The experience of some domestic court judges is that cases which involve drinking are frequently the most difficult ones to aid.

As great as are the present problems connected with the folkways of drinking there is also the possibility of social changes which can ameliorate, or to a large extent eliminate, them. Social change is a characteristic phenomenon in the history of a society but it always comes slowly.

Social Change

The potentialities for social change in the drinking folkways, as of the present, include the increased understanding of alcoholism through such groups as Yale School of Alcohol Studies and Alcoholics Anonymous. Also there is a fact that large numbers of people are not useres of alcohol and many are positively concerned that situations be changed. There is the further fact that nearly all Christian denominations are concerned about some phase of the alcohol problems. These churches located in the thousands of communities throughout our nation could have a very real effect in the promotion of education and action programs for solutions.

Another important fact to keep in mind is that since alcoholic beverages are not an essential element in our society the social dislocations and changes that would fall upon the decrease or elimination of this industry would not seriously interfere with the ongoing of our society.

To summarize, let me point out that drinking is a folkway in American life, which must be understood as a widespread and increasingly characteristic part of our culture. It can only be understood in terms of its relation to the totality of our society and its culture. Within our culture and society there are many elements that encourage and "consolidate" it. Nevertheless, there are many problems in our society—of widespread social significance—that are directly related to this particular folkway. While there are numerous influences which tend to further establish it in "our way of life" there are also numerous indications of and means toward a basic change in our society that would tend to eliminate or greatly limit its practice. Such a change, which could be achieved without extensive dislocations in any important aspect of our society, is dependent on certain social values—which values are essentially democratic as related to responsible participation as citizens and Christian with regard to concern for our fellow man, our society, and the goals of the Kingdom of God.

#### THE ALL-OVER HUMAN PROBLEM

(Continued from Page 48)

competent medical attention, as Dr. Wilfred Overhosler. head of the national hospital in Washington, said, "We now have alcoholism as the greatest public health problem of the present time that is not being systematically attacked." But, it should be added, since this statement by Dr. Overhosler, a real beginning has been made in their direction

5. The Ambivalence of Alcoholic Pleasure: Deeply entrenched in the traditions, mores and customs of a substantial part-perhaps a half-of our modern social living, the satisfaction that alcohol gives, has from its earliest days, carried with it a sense of concern, a questioning by the more observant of how it produces that satisfaction and of serious consequences. Dr. Abraham Myerson of Harvard, has given a new scientific insight by his use of the term, "ambivalent"—that its pleasure is something that men desire, and at the same time greatly distrust, or despise.

But the drink cult is here, in much of modern culture, by tradition and custom; it is being enlarged by fashion and economic promotion. It is strongly prevalent in certain social, and nationality groups-in the "upper-uppers" and those who climb to be among them; more widely yet among what are called "the working classes"; and most significantly, in a cross-section of almost every sociological classification of people that has been made. It is most influential when made prominent by the groups that are themselves in positions of influence. The use of this "pleasure substance" for social occasions, and for just every-day relaxation and release in various groups, has the cultural approval and prestige of many in these groups. Yet, all through the years, the questioning has been growing; approximately one-half of American culture-and social practice-has freed itself from the tradition. Many of those who have broken from the past. are totally abstinent on principle. Approximately onethird of our present population never drink, and many others limit their use to rare occasions and do not hold it as important. They would readily give it up if not

socially pressed.

Thus the cult of alcohol stands today, a divisive social issue. The question now comes: Can it withstand further analysis? Can it face the implications of full scientific research? Can it free itself from the personal and social burdens that are found wherever alcohol is largely used? My impression is that it can not—that it is an outgrown cult in modern culture, and should be set aside to give place to the satisfactions that it has displaced in human living.

The historical tradition of alcohol enjoyment is a basic source of the problem today. It should have a large and meaningful place in the educational and other programs that make toward understanding and realistic solution.

6. Social Customs as Initiating Agencies. The automatic acceptance of traditional drink customs, in the home, or the social group, the tavern, the formal dinner, or road house—and the pressure of these customs through suggestion and direct imitation, are the forces that initiate drinking among young people. The first drink occurs, almost always, between the ages of fifteen and twentyone, as youth emerges from his individualistic to his socially conscious years of experience. The beginning comes as he seeks a place of acceptance in his own group and generation—it is a powerful force, if his group has drinking patterns. His motive is, "to be like others," not to be different. The social pattern of his community is a continuing factor; it is basic, whether it is an alcoholicpleasure pattern, or any other. For the social pressures and practices of those in position to exhibit prestige, are far-reaching. Without their knowing why, the patterns of social drinkers, and their sanctions of the custom, spread out and are accepted by younger and lower-position people of all ages who seek advancement, to become members of the groups they imitate.

It is then a basic part of the modern approach to the problem of alcohol to study the influence of social customs that have come largely from tradition. Why should not the fashionable drinking of the elite be frankly examined?

And especially, for what it means to others? What have the cocktail hour, the high wines of official dinners, the drinking of the prosperous, and the deeply established mores of semi-foreign nationalities, to do in the creation of our 4,000,000 alcoholics? With the spread of this great mass of PUBLIC ILL-HEALTH?

For practically all drinkers, moderate and excessive alike, even the addict whose personality is his chief trouble, had their beginnings in a social group, in their younger less-knowing years. And for some, at all levels of daily living, the habit of looking to alcoholic anesthesia, for what it gives— or in illusion seems to give—continues to grow and can not—or IS NOT—broken until it dominates their lives. The social customs, therefore, and the literary writings that for ages have exploited the mild stages of euphoria and intoxication for social enjoyment, obviously are a part of the total problem. They have become a sort of social sieve that screens out those who are susceptible to alcoholism, and starts them on the road which often ends in the stages of drink at which choice is no longer possible.

Among all frequent-drinking groups, this sifting process is going on: First, the younger people with personality deficiencies; the immature who never know "their limit"; second, and continuously, among those who for any reason or none, can not, or do not want to keep their indulgence below their safety line, a line that they can not know until they have crossed it. Then, too often, they do not care to observe the line.

7. To Control and Regulate the production and distribution of alcoholic products is always a difficult undertaking in law and government. The history of attempts to find a way to do so is crowded with failures—from the first license acts in England, three hundred years ago, to the 21st Amendment in America. The difficulty of control is illustrated by the great variety of legal systems that are being tried in the various states at present—license systems, strict supervision, supervision not so strict, state monopoly sale, local option, limited prohibition, legal banishment, extremely high taxation, and prohibition—all

have been tried, and doubtless will be again. Yet the blighting of men by alcoholic excess continues. It is acknowledged readily by friends and opponents of most or all of the measures so far seriously undertaken. The basic difficulty, using the words of Dr. Myerson, is the "ambivalent" satisfaction — the sense of pleasure combined with degrading results when used without restraint — results that are inseparably connected. This fundamental observation was made centuries ago by the Austrian sociologist, Francke, who noted the major influence as one of morals, substantiating the earlier Hebrew prophets, and many religious leaders, philosophers and writers through all the years since, to the present-day sociologist who says that alcohol gives what many want, 'something of the sewer.'

Thus, in general the public both wants alcohol and rejects it—wants it for its 'kick'—rejects it because it appeals strongly to the immature, the emotionally unstable, the mal-adjusted—the "off-side" hours of all of us, our periods of "let-down" from aspiration and ideals—to the frailties of human nature. Thereby it brings millions into the well-known degrading stages of drunkenness, inebriety, alcoholism—and the social and economic loss, as well as moral slump, that such degradation implies.

Commercialized by a great industry that employs the most highly developed techniques of modern market promotion and advertising, and that cannot, if it would, limit its market to those who never "abuse" the anesthetic—or narcotic—appeal of their product, the traffic in this drug has become, in large part, an industry that exploits for gain the "kinks" in human immaturity. For, as Dr. Andrew C. Ivy, high medical expert and Vice President of the University of Illinois, said alcohol "is the only degrading drug being advertised today."

There are, of course, everywhere men who are ready to supply, either legally or illegally, socially approved or socially condemned, large quantities of any brain-depressing agent—whether the quick-acting narcotics, opium, morphine, marijuana, or the milder anesthetic, alcohol,

for drug pleasure in response to call and cash. This is one of the biggest of all the problems of alcohol, especially, since it is given social approval by a large part of public opinion. No list of the specifications of the "drink" situation is complete without it.

#### The Problem of Alcohol

The problems so far discussed are prominent aspects of the alcohol cult. There are many others. But no one of them alone is the whole problem. As Dr. E. N. Jellinek said at the First Yale School of Alcohol Studies, there is the Problem of Alcohol—as well as the Problem of the Alcoholic. When seeking understanding all aspects should be taken into account, they are parts of the main problem. They may be taken together, or separately, for study. They must be taken separately by specialists for effective action toward solution. But they should be coordinated—and understood as parts of a whole—in forecasting programs of solution, as well as in education, in the future. For the experiments of the past have not been failures—just activities limited to particular phases.

For a basic undertaking—and constructive service—there are Three Main Sources that should be taken to-

gether:

1. The disturbed personality; native, childhood—made, or created by years of drinking and the coming of lifecrises;

2. Social acceptance of the drink tradition, already outgrown by nearly one-half of current society—the tap-

root that goes deepest into the past;

3. Exploitation of the drug desire of alcohol, once it has been started, and its enlargement for commercial pur-

poses.

These sources produce the various drink problems of today, personal, social, economic, legal, moral. They may be analyzed, separated for study and active service, but they must also be synthesized, coordinated for any real understanding and for parallel educational or other advance. Together they are one—the toxic action of alcohol in human living—a drug, rather than a temperance problem.

## **Alcoholism Increasing Sharply**

AS THE USE OF DRINK SPREADS

In 1940 THERE were 40 million users of alcoholic beverages in the United States. This number by 1948 increased to 67 million drinkers. This increased drinking has brought about a sharp increase in the number of alcoholics and will continue to do so unless the trend is changed. From 1940 to 1948 there was an increase of 30.5% in the number of alcoholics. It is estimated that there are now about 4 million male and female alcoholics in the United States, and over 2 and a half million excessive drinkers. Nearly 7 per cent of adult American males, and 1.1 per cent of adult women are alcoholics. During this 8-year period there was an increase of 35.1 per cent in the number of female alcoholics.

The United States Among Other Nations

The United States has 3,952 alcoholics per hundred thousand population.

France has 2,850 alcoholics per hundred thousand

population.

Sweden has 2,580 alcoholics per hundred thousand population.

Switzerland has 2,385 alcoholics per hundred thousand

population.

Denmark has 1,950 alcoholics per hundred thousand population.

Chile has 1,500 alcoholics per hundred thousand pop-

ulation.

After studying these figures can anyone doubt the seriousness of the alcohol problem in the United States?
—Information Bulletin, Wayne W. Womer, Ex. Secy.

THE MORAL PROBLEM is in the beginning of social drinking. Even if the social drinker never becomes an alcoholic he supports a trade which exploits the weakness of men—and this is social sin.—Dr. Warren Carr, speaking at the Collegiate Seminar on Alcohol, University of South Carolina, May 5, 1951.

As you know I am deeply concerned with this problem of alcohol, a growing problem in our colleges and high schools. . In my class on American Social Problems I take some time to deal with it.—S. Ralph

Harlow, Smith College.

## **Popular Misconceptions**

ABOUT ALCOHOL Compiled by H. H. Hill

1. MISCONCEPTION: Alcohol is a stimulant in the

human body.

FACT: "Alcohol in whatever concentration, on whatever tissue, under whatever circumstance is always and inevitably a depressant."—Dr. Haven Emerson, Columbia University.

2. MISCONCEPTION: Most alcoholics come from the

lowest social strata.

FACT: "Most of the true alcoholics are in the middle or upper income brackets. No more than ten percent are the 'skid row' type and some of these were once successful men in various walks of life."—Mrs. Marty Mann, Executive Director, National Committee on Alcoholism, New York City.

3. MISCONCEPTION: Only people who are mentally unbalanced or socially maladjusted become alcoholic.

FACT: "Sixty per cent of the inebriate population come from entirely normal origin and only in the course of drink."—Dr. E. M. Jellinek, Yale University Summer School of Alcohol Studies.

4. MISCONCEPTION: The craving for alcohol is in-

herited.

FACT: "Is the craving for alcohol inherited? If we wish to take advantage of technicalities, our answer would be 'no it is not inherited.' We could make this answer because abnormal drinking and the craving for alcohol are acquired traits and acquired traits are not inherited. If, however, we phrased our question another way it would perhaps express more clearly what the reader has in mind on the subject and the answer would be different. To the question, are the children of alcoholics more apt to become alcoholics themselves than are the children of temperate parents, the answer is definitely

From Making Alcohol Education Effective, A 1951 Manual for Teachers, by H. H. Hill, Director of Education, Washington Temperance Association, Seattle 1, Wash.

'ves'."-"Alcohol, Heredity and Germ Damage," Labor-

atory of Applied Physiology, Yale University.

5. MISCONCEPTION: Strong exertion of the willpower will assure the drinker control of his drinking habits, thereby making him immune to alcohol addiction.

FACT: "No human being may be considered as immune to addiction." - Dr. Robert Fleming, Harvard

Medical School

6. MISCONCEPTION: Alcohol will provide body

warmth for the individual exposed to cold.

**FACT:** "The warmth is of sensation only; there is no increase in the rate at which heat is produced in the body but, because of the greater flow of blood to the skin there is an increased loss of heat. There is thus no truth in the common belief that a drink will 'warm up' a man who has been chilled by exposure."—Dr. H. W. Haggard and Dr. E. M. Jellinek, Yale University.7. MISCONCEPTION: Alcoholic drinks provide an

excellent means of cooling off on a hot day.

FACT: "Taking alcohol before undertaking any exertion in the heat of the day definitely predisposes to insolation (sunstroke)."-Dr. Haven Emerson, Columbia University.

8. MISCONCEPTION: Alcohol is an effective medici-

nal agent in treating colds and snake bites.

FACT: "Countrary to widely held popular belief, alcohol has no curative action for snake bites, head colds or shock."-Dr. H. W. Haggard and Dr. E. M. Jellinek, Laboratory of Applied Physiology, Yale University.

9. MISCONCEPTION: The principal effect of alcohol

is upon the stomach, heart and liver.

FACT: "It is the influence of alcohol in the brain and spinal cord that is the most damaging."-Dr. Haven Emerson, Columbia University.

10. MISCONCEPTION: Alcoholic beverages are vital

in the treatment of many diseases.

FACT: "At one time alcohol had a considerable place in medicine as a valued therapeutic agent. Today it has little place."-Dr. H. W. Haggard and Dr. E. M. Jellinek, Yale University.

- FACT: "The consumption of alcohol for medicinal purposes has been going down steadily and is still going down. The better the hospital the less alcohol that is used."—Dr. Haven Emerson, Columbia University.
- 11. MISCONCEPTION: The drunk driver is more dangerous than the driver who has had only a drink or two.

FACT: "The really dangerous driver is the man who has had one or two drinks only, who still thinks he is in possession of his faculties, but whose driving judgment has been impaired. On the highways, the moderate drinker is more dangerous than the immoderate."—Robbins B. Stoeckel, Commissioner of Motor Vehicles, Connecticut.

12. MISCONCECPTION: Alcoholism is relatively unimportant in the United States compared with other health problems.

13. MISCONCEPTION: Repeal of the Eighteenth Amendment brought an end to bootlegging in the United States.

FACT: In 1949 Alcohol Tax Unit agents seized 154 stills per week, or a total of 8,008, and arrested 8,915 persons for bootlegging,<sup>3</sup> and this with 482,033 retail outlets for alcoholic beverages.<sup>4</sup>

FACT: "With repeal it was hoped that the bootlegger would go, but Uncle Sam's battle to put him out of business continues on a large scale with increased federal forces thrown into the fray."—United States News, July 13, 1936.

14. MISCONCEPTION: Moderation is the solution to the alcohol problem.

<sup>1</sup>Dr. Andrew C. Ivy, Vice President, University of Illinois.

<sup>3</sup>Report of the Commissioner of Internal Revenue for 1949.

<sup>4</sup>U.S. Treasury Department.

<sup>&</sup>lt;sup>2</sup>National Committee on Alcoholism, New York City. (950,000 are reported to be in the chronic stage of alcoholism.)

FACT: Dr. Ivy points out the following assumptions in the theory of moderation:

a. That moderate use of alcohol will not result in al-

coholism or create other problems.

b. That the liquor industry by means of advertising will not convert the moderate drinker into an excessive drinker.

c. That it is good economics to spend money for liquor instead of other goods and services.

d. That moderation will prevent driving by intoxicated persons.

e. That moderation has not been taught in the past.

f. That in the past drinkers who became alcoholic did not start to drink in moderation.

g. That consumption of alcohol meets a real need of man and that the drugging of the brain is desirable.

h. That the pleasure which drinking promotes is worth

the risk.

FACT: "Distillers insist they want people to drink in moderation, but they can't, or at least do not, tell them how to do it. It is the moderate amount of alcohol that breeds sexual promiscuity, reckless driving, and complacency. It is the moderate amount that breeds loose talk which divulges secrets, leads to insults, and fogs thinking. Drinking in moderation is not scientific and is not factual."-Dr. Andrew C. Ivy, Vice President, University of Illinois.

TATHOEVER WISHES ardently to prevent alcoholism will need the heart of a lion, the wiliness of the serpent, and the guilelessness of the dove. He will meet head-on not only the terrific power of tradition and custom, but also the power of great industries as they fight for the sale of a dangerous product—a drug—by advertising campaigns and the corruption of legislatures. -ABRAHAM MYERSON, M.D., Professor of Psychiatry, Harvard Medical School.

## A Bibliography of Publications

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The Liquor Cult and Its Culture, by Harry S. Warner, L.H.D. An all-over study that seeks to popularize and make available to the student and reader the basic scientific information regarding alcohol in modern society and personal living. It develops a philosophy for permanent, constructive effort toward solution of the larger social problem. The writer is author of Social Welfare and the Liquor Problem, 7 editions.

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Alcohol Talks from the Laboratory, by Howard E. Hamlin, Director of Health and Narcotic Instruction, Ohio State Board of Education. From the scientific laboratory Alcohol personified tells the truth about himself—to inquiring youth; the facts desired and needed by high school and other young people today.

Price 25 cents

A modern Approach to the Problem of Alcohol, 1950 Revised Edition, 5th printing, the most widely used of "The New Understanding Series," by Harry S. Warner. A study and program based on permanent and sci-

entific and educational information. All-inclusive basic approach to insure steady advance toward solution.

12 copies, \$1.50; 100, \$7.50; one copy, 15 cents

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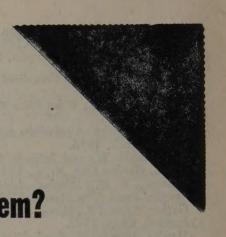
-Martha Kelsey, Union Springs, N. Y.

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Your February, 1951, issue has just reached me, and I would like to order thirty-five additional copies for use in our high school.—Harold W. Bruce, Principal, Sault Ste. Marie, Mich.

Enclosed find check to cover subscription to the magazine which I read very carefully. Your grasp of the problem of alcohol, and your marvelous ability to express to the world so clearly many most perplexing phases of this subject, is gratifying. I have a great personal admiration for you Harry and think you are tops in this field. —George LaMotte, Chicago and Carlsbad, California, a national leader in A.A.

After reading a copy of The INTERNATIONAL STUDENT in the University of North Carolina Library, I have decided to subscribe for two years.—A supervisor of the Army Education Center, Fort Bragg, N. C., June 5, 1951.



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